

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO
00000003

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
E P A
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP, NC 27711

DATE VOUCHER PREPARED

12/15/2014

EP-C-11-038/Task Order 0026

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY

PAYEE'S NAME AND ADDRESS
BATTELLE MEMORIAL INSTITUTE
DEPT. L 998
COLUMBUS, OHIO 43260

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE ACCOUNT NUMBER

SHIPPED FROM TO

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				COST	PER	
10/31/2014 TO 11/27/2014		COST REIMBURSABLE PROVISIONAL PAYMENT Please See Attached Continuation Sheets "Summary Voucher" Cost Fee Total 31,650.04				\$31,650.04
REMIT TO: ACH-EPA I certify that all payments requested are for appropriate purposes and in accordance with the contract. [Signature] Accounting Officer (Title)						

Exemption 4 Confidential Business Information (CBI)

CONFIDENTIAL
BUSINESS INFORMATION

(USE CONTINUATION SHEET(S) IF NECESSARY)		(Payee must NOT use the space below)		TOTAL	\$31,650.04
PAYMENT	APPROVED FOR	EXCHANGE FEE	DIFFERENCES		
PROVISIONAL					
COMPLETE	= \$				
PARTIAL	BY: 2				
FINAL					
PROGRESS	TITLE				
ADVANCE			Amount verified; collected for (Signature or initials)		

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

(Date) (Authorized certifying officer)2 Accounting Officer (Title)

ACCOUNT CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	

1 When stated in foreign currency, insert name of currency.

2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided over his official title.

3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporation name, as well as the capacity in which he signs, must appear, for example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be.

PER

TITLE

RECEIVED BY RTP-FC: Dec 16 2014

Battelle Memorial Institute
Dept L 998
COLUMBUS OH
43260

Battelle

The Business of Innovation

Invoice: 10078470
Invoice Date: 12/15/2014

Due Date: 01/14/2015
Voucher: 00000003

Bill To:

EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP NC 27711
United States

Client Ref: EP-C-11-038/TO 0026 PR-ORD-14-01577

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU.

Billing Period FROM 10/31/2014 TO 11/27/2014

Cost Appropriation 91,939.00

Fee Appropriation

5,490.00

Cost Elements

Direct Labor - BCO
Direct Labor - BTSO
Fringe Benefits-S
Fringe Benefits-S
Division Overhead
Division Overhead
Special Facilities
Special Facilities
General & Admin
General & Admin
Purchased Mater
Cost of Facilities
Cost of Facilities
Cost of Facilities

Total BEFORE Fee

Fee - Fixed

Total Fee

Excess of Cost Appropriation

Excess of Fee Approp - Fixed

Net Total Cost

Current

Cumulative

Exemption 4 Confidential Business Information (CBI)

Exemption 4 Confidential Business Information (CBI)

6,956.47

97,429.00

TD BFG

I certify that all payments requested are for appropriate purposes and in accordance with the contract.

(Name of Officer)

Accounting Officer
(Title)

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.

OK
PAID 6956.00
b/c Monthly Report
Rounded to nearest
dollar
B. Hagedorn
Tom
3-10-15

SCORPIOS Proof of Payment

VENDOR CODE: EPC11038

TRANS CODE: CD

VOUCHER NO: 3

NAME: BATTELLE MEMORIAL INSTITUTE

NO CHECK DISB FLAG: C

PROMPT PAY TYPE:

APPROVED BY: HAGEL, WILLIAM A

DESCRIPTION:

VOUCHER TYPE: C

CHECK TYPE:

D. O. : KC00

AGREEMENT #:

SCHD FISC YR: 2015

SCHD CAT:

SCHD TYPE: C

SCHD NO: AVC150064

VOUCHER DATE: 12/15/2014

VOUCHER AMT: 31,650.04

SCHD DATE: 12/30/2014

HOLDBACK AMT: 0.00

CLOSED DATE: 12/30/2014

CLOSED AMT: 31,650.04

SUBMITTING SFO: 22

OUTSTANDING AMT:

AGENCY HEAD APRVL:

IN TRANSIT AMT: 0.00

COMMENTS TO PRINT: EPC11038/00026

DIRECT DISB NUMBER:

FY: 2015

SCHEDULE CAT:

SCHEDULE TYPE: C

SCHEDULE NUMBER: AVC150064

INDICATORS -

TREAS ACT:

POST TREAS ACT:

POST DETAILS:

EXP:

BACKOUT:

-----PAYMENT VOUCHER-----

VENDOR CODE	TC	NUMBER	ADV NUM	LN	SITE ID
EPC11038	CD	B5097788961		3	0461

PAYMENT AMOUNT	CHECK NUMBER
6,956.00	02417440

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO
00000006
SCHEDULE NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
E P A
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP, NC 27711

DATE VOUCHER PREPARED

03/13/2015

EP-C-11-038/Task Order 0026

REQUISITION NUMBER AND DATE

PAID BY

PAYEE'S NAME AND ADDRESS
BATTTELLE MEMORIAL INSTITUTE
DEPT. L 998
COLUMBUS, OHIO 43260

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE ACCOUNT NUMBER

SHIPPED FROM TO

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				COST	PER	
01/30/2015 TO 02/26/2015		COST REIMBURSABLE PROVISIONAL PAYMENT Please See Attached Continuation Sheets "Summary Voucher" Cost Fee Total 34,602.46 REMIT TO: ACH-EPA I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract. (Name of Official) (Title) [Signature] [Title] CONFIDENTIAL BUSINESS INFORMATION				\$34,602.46

Exemption 4 Confidential Business Information (CBI)

(USE CONTINUATION SHEET(S) IF NECESSARY)

(Payee must NOT use the space below)

TOTAL \$34,602.46

PAYMENT APPROVED FOR	EXCHANGE FEE	DIFFERENCES	
PROVISIONAL			
COMPLETE	= \$		
PARTIAL	BY: 2		
FINAL			
PROGRESS	TITLE	Amount verified; collected for	
ADVANCE		(Signature or initials)	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

(Date)

(Authorized certifying officer)2

Accounting Officer
(Title)

ACCOUNT CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	

1 When stated in foreign currency, insert name of currency.

2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided over his official title.

3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporation name, as well as the capacity in which he signs, must appear, for example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be.

PER

TITLE

RECEIVED BY RTP-FC: Mar 13 2015

Remit To:

Battelle Memorial Institute
Dept L 998
COLUMBUS OH
43260

Battelle

The Business of Innovation

Invoice: 10082342
Invoice Date: 3/13/2015

Voucher: 00000006

Bill To:

EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP NC 27711
United States

Client Ref: EP-C-11-038/TO 0026 PR-ORD-14-01577

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON THE REMITTANCE ADVICE. THANK YOU.
BILLING PERIOD FROM 1/30/2015 TO 2/26/2015

Cost Appropriation

\$96,796.00

Fee Appropriation

\$5,749.00

COST ELEMENTS

CURRENT

CUMULATIVE

Direct Labor - BCO
Direct Labor - BTSO
Fringe Benefits
Fringe Benefits
Division Overhead
Division Overhead
Special Facilities
Special Facilities
General & Administrative
General & Administrative
Cost of Facilities
Cost of Facilities
Cost of Facilities

Total BEFORE Fee

Fee - Fixed

Total Fee

Net Total Cost

3,924.33

3,924.33

I certify that all payments requested are for
appropriate purposes and in accordance with
the agreements set forth in the contract.

(Name of Official)

Accounting Officer

(Title)

Net Amount Due:

\$3,924.33

BFG Risk Assessment

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.

SCORPIOS Proof of Payment

VENDOR CODE: EPC11038

TRANS CODE: CD

VOUCHER NO: 6

NAME: BATTELLE MEMORIAL INSTITUTE

NO CHECK DISB FLAG: C

PROMPT PAY TYPE:

APPROVED BY: BARNETT, FELICIA

DESCRIPTION:

VOUCHER TYPE: C

CHECK TYPE:

D. O. : KC00

AGREEMENT #:

SCHD FISC YR: 2015

SCHD CAT:

SCHD TYPE: C

SCHD NO: AVC150123

VOUCHER DATE: 03/13/2015

VOUCHER AMT: 34,602.46

SCHD DATE: 03/26/2015

HOLDBACK AMT: 0.00

CLOSED DATE: 03/26/2015

CLOSED AMT: 34,602.46

SUBMITTING SFO: 22

OUTSTANDING AMT:

AGENCY HEAD APRVL:

IN TRANSIT AMT: 0.00

COMMENTS TO PRINT: EPC11038/00026

DIRECT DISB NUMBER:

FY: 2015

SCHEDULE CAT:

SCHEDULE TYPE: C

SCHEDULE NUMBER: AVC150123

INDICATORS -

TREAS ACT:

POST TREAS ACT:

POST DETAILS:

EXP:

BACKOUT:

-----PAYMENT VOUCHER-----

VENDOR CODE	TC	NUMBER	ADV NUM	LN	SITE ID	PAYMENT AMOUNT	CHECK NUMBER
EPC11038	CD	B5098015769		3	0461	3,924.00	02918904

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO.
00000007
SCHEDULE NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP, NC 27711

DATE VOUCHER PREPARED
04/15/2015

EP-C-11-038/Task Order 0026
REQUISITION NUMBER AND DATE

PAID BY

PAYEE'S NAME AND ADDRESS
BATTELLE MEMORIAL INSTITUTE
DEPT. L 998
COLUMBUS, OHIO 43260

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE ACCOUNT NUMBER

SHIPPED FROM TO

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				COST	PER	
02/27/2015 TO 03/26/2015		COST REIMBURGABLE PROVISIONAL PAYMENT Please See Attached Continuation Sheets "Summary Voucher" Cost Exemption 4 Confidential Business Information (CBI) Fee Total 27,472.48				\$27,472.48
REMIT TO: ACH-EPA I certify that all payments requested are for appropriate purposes and in accordance with the law. [Signature] Assistant Officer						

(USE CONTINUATION SHEET(S) IF NECESSARY)		(Payee must NOT use the space below)		TOTAL	\$27,472.48
PAYMENT	APPROVED FOR	EXCHANGE FEE	DIFFERENCES		
PROVISIONAL					
COMPLETE	BY: 2				
PARTIAL					
FINAL					
PROGRESS	TITLE				
ADVANCE			Amount verified, collected for (Signature or initials)		

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

(Date) (Authorized certifying officer)2 Accounting Officer (Title)

ACCOUNT CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	

1 When stated in foreign currency, insert name of currency

2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided over his official title

3 When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporation name, as well as the capacity in which he signs, must appear for example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be

PER

TITLE

RECEIVED BY RTP-FC: Apr 16 2015

Remit To:

Battelle Memorial Institute
Dept L 998
COLUMBUS OH
43260

Battelle
The Business of Innovation

Invoice: 10083837
Invoice Date: 4/15/2015

Due Date: 5/15/2015
Voucher: 00000007

Bill To:

EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP NC 27711
United States

P.O. Ref:

Client Ref: EP-C-11-038/TO 0026 PR-ORD-14-01577

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON THE REMITTANCE ADVICE. THANK YOU.
BILLING PERIOD FROM 2/27/2015 TO 3/26/2015

Cost Appropriation

\$96,796.00

Fee Appropriation

\$5,749.00

COST ELEMENTS

Net Total Cost

CURRENT

17,634.39

CUMULATIVE

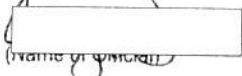
21,558.72

CONFIDENTIAL
Net Amount Due: \$17,634.39

BFG Risk Assessment

BUSINESS INFORMATION

I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract.



Accounting Officer
(Title)

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.

SCORPIOS Proof of Payment

VENDOR CODE: EPC11038

TRANS CODE: CD

VOUCHER NO: 7

NAME: BATTELLE MEMORIAL INSTITUTE

NO CHECK DISB FLAG: C

PROMPT PAY TYPE:

APPROVED BY: BARNETT, FELICIA

DESCRIPTION:

VOUCHER TYPE: C

CHECK TYPE:

D. O. : KC00

AGREEMENT #:

SCHD FISC YR: 2015

SCHD CAT:

SCHD TYPE: C

SCHD NO: AVC150149

VOUCHER DATE: 04/15/2015

VOUCHER AMT: 27,472.48

SCHD DATE: 05/01/2015

HOLDBACK AMT: 0.00

CLOSED DATE: 05/01/2015

CLOSED AMT: 27,472.48

SUBMITTING SFO: 22

OUTSTANDING AMT:

AGENCY HEAD APRVL:

IN TRANSIT AMT: 0.00

COMMENTS TO PRINT: EPC11038/00026

DIRECT DISB NUMBER:

FY: 2015

SCHEDULE CAT:

SCHEDULE TYPE: C

SCHEDULE NUMBER: AVC150149

INDICATORS -

TREAS ACT:

POST TREAS ACT:

POST DETAILS:

EXP:

BACKOUT:

-----PAYMENT VOUCHER-----

VENDOR CODE	TC	NUMBER	ADV NUM	LN	SITE ID
EPC11038	CD	B5098101172		2	0461

PAYMENT AMOUNT	CHECK NUMBER
17,634.00	00391163

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO
00000033

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
E P A
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP, NC 27711

DATE VOUCHER PREPARED

05/14/2015

SCHEDULE NO

EP-C-11-038/Task Order 0026

PAID BY

REQUISITION NUMBER AND DATE

PAYEE'S NAME
BATTTELLE MEMORIAL INSTITUTE
DEPT. L 998
AND
COLUMBUS, OHIO 43260
ADDRESS

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE ACCOUNT NUMBER

SHIPPED FROM

TO

GOVERNMENT BILL NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				COST	PER	
03/27/2015 TO 04/30/2015		COST REIMBURSABLE PROVISIONAL PAYMENT Please See Attached Continuation Sheets "Summary Voucher" Cost Fee Total 55,436.77 REMIT TO: ACH-EPA I certify that all payments requested are for appropriate purposes and are in accordance with the agreement and follow the terms of the agreement. [Signature] Accounting Officer [Signature] Name of Officer (Title) CONFIDENTIAL BUSINESS INFORMATION				\$55,436.77

Exemption 4 Confidential Business Information (CBI)

(USE CONTINUATION SHEET(S) IF NECESSARY)

(Payee must NOT use the space below)

PAYMENT	APPROVED FOR	EXCHANGE FEE	TOTAL
PROVISIONAL			\$55,436.77
COMPLETE			
PARTIAL	BY: 2		
FINAL			
PROGRESS	TITLE		
ADVANCE			
		Amount verified, collected for (Signature or initials)	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

(Date)

(Authorized certifying officer)2

Accounting Officer

(Title)

ACCOUNT CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	

1 When stated in foreign currency, insert name of currency

2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided over his official title.

3 When a voucher is receipted in the name of a company or corporation, the name of the person making the company or corporation name, as well as the capacity in which he signs, must appear, for example: John Doe Company, per John Smith, Secretary, or Treasurer, as the case may be.

PER

TITLE

RECEIVED BY RTP-FC: May 15 2015

Remit To:

Battelle Memorial Institute
Dept L 998
COLUMBUS OH
43260

Battelle

The Business of Innovation

Invoice: 10084999
Invoice Date: 5/13/2015

Voucher: 00000008

Bill To:

EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP NC 27711
United States

Client Ref: EP-C-11-038/TO 0026 PR-ORD-14-01577

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON THE REMITTANCE ADVICE. THANK YOU.
BILLING PERIOD FROM 3/27/2015 TO 4/30/2015

Cost Appropriation

\$96,796.00

Fee Appropriation

\$5,749.00

COST ELEMENTS

Direct Labor - BCO
Direct Labor - BTSO
Fringe Benefits
Fringe Benefits
Division Overhe
Division Overhe
Special Facilitie
Special Facilitie
General & Adm
General & Adm
Cost of Facilitie
Cost of Facilitie
Cost of Facilitie

Total BEFORE Fee

Fee - Fixed

Total Fee

Net Total Cost

CURRENT

Exemption 4 Confidential Business Information (CBI)

CUMULATIVE

Exemption 4 Confidential Business Information (CBI)

46,473.80

68,032.52

Net Amount Due:

\$46,473.80

BFG Risk Assessment

I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract.

Accounting Officer
(Title)

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.

SCORPIOS Proof of Payment

VENDOR CODE: EPC11038

TRANS CODE: CD

VOUCHER NO: 8

NAME: BATTELLE MEMORIAL INSTITUTE

NO CHECK DISB FLAG: C

PROMPT PAY TYPE:

APPROVED BY: BARNETT, FELICIA

DESCRIPTION:

VOUCHER TYPE: C

CHECK TYPE:

D. O. : KC00

AGREEMENT #:

SCHD FISC YR: 2015

SCHD CAT:

SCHD TYPE: C

SCHD NO: AVC150167

VOUCHER DATE: 05/14/2015

VOUCHER AMT: 55,436.77

SCHD DATE: 05/28/2015

HOLDBACK AMT: 0.00

CLOSED DATE: 05/28/2015

CLOSED AMT: 55,436.77

SUBMITTING SFO: 22

OUTSTANDING AMT:

AGENCY HEAD APRVL:

IN TRANSIT AMT: 0.00

COMMENTS TO PRINT: EPC11038/00026

DIRECT DISB NUMBER:

FY: 2015

SCHEDULE CAT:

SCHEDULE TYPE: C

SCHEDULE NUMBER: AVC150167

INDICATORS -

TREAS ACT:

POST TREAS ACT:

POST DETAILS:

EXP:

BACKOUT:

-----PAYMENT VOUCHER-----

VENDOR CODE	TC	NUMBER	ADV NUM	LN	SITE ID
EPC11038	CD	B5098173889		3	0461
				4	0461

PAYMENT AMOUNT	CHECK NUMBER
35,461.00	03002623
11,013.00	03002623

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO.
00000009
SCHEDULE NO.

U.S. DEPARTMENT, BUREAU OR ESTABLISHMENT AND LOCATION
EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP, NC 27711

DATE VOUCHER PREPARED
05/15/2015
EP-C-11-038/Task Order 0026
REQUESTION NUMBER AND DATE

PAID BY

PAYEE'S NAME AND ADDRESS
BAITELLE MEMORIAL INSTITUTE
DEPT. L 998
COLUMBUS OHIO 43260

DATE INVOICE RECEIVED
DISCOUNT TERMS
PAYEE ACCOUNT NUMBER

SHIPPED FROM

TO

GOVERNMENT ST. NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				COST	PER	
05/01/2015 TO 05/28/2015		COST REIMBURSABLE PROVISIONAL PAYMENT Please See Attached Continuation Sheets "Summary Voucher" Cost Fee Total 19,122.64 REMIT TO: ACH-EPA I certify that all payments requested are for appropriate purposes and in accordance with the applicable Federal Acquisition Regulation. (Name of Official) (Title) Accounting Officer CONFIDENTIAL BUSINESS INFORMATION				\$19,122.64

(USE CONTINUATION SHEETS IF NECESSARY)

(Payee must NOT use the space below)

TOTAL \$19,122.64

PAYMENT	APPROVED FOR	EXCHANGE FEE	DIFFERENCES	TOTAL
PROVISIONAL				
COMPLETE	BY: 2			
PARTIAL				
FINAL	TITLE			
PROGRESS				
ADVANCE				

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

(Date) (Authorized certifying officer)2 Accounting Officer (Title)

ACCOUNT CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE'S	

1 When stated in foreign currency, given name of currency

2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided over his official title

3 When a voucher is received in the name of a company or corporation, the name of the person signing the company or corporation name, as well as the capacity in which he signs, must appear; for example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be

PER

TITLE

RECEIVED BY RTP-FC: Jun 15 2015

Remit To:

Battelle Memorial Institute
Dept L 998
COLUMBUS OH
43260

Battelle
The Business of Innovation

Invoice: 10086115
Invoice Date: 6/15/2015

Voucher: 00000009

Bill To:

EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP NC 27711
United States

Client Ref: EP-C-11-038/TO 0026 PR-ORD-14-01577

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON THE REMITTANCE ADVICE. THANK YOU.
BILLING PERIOD FROM 5/1/2015 TO 5/28/2015

Cost Appropriation

\$96,796.00

Fee Appropriation

\$5,749.00

COST ELEMENTS

CURRENT

CUMULATIVE

Direct Labor - BCO
Direct Labor - BTSO
Fringe Benefits
Fringe Benefits
Division Overhead
Division Overhead
Special Facilities
Special Facilities
General & Administrative
General & Administrative
Cost of Facilities
Cost of Facilities
Cost of Facilities

**CONFIDENTIAL
BUSINESS INFORMATION**

ON

Total BEFORE Fee

Fee - Fixed

Total Fee

Net Total Cost

16,136.34

(CBI)

168.86

(CBI)

Net Amount Due:

\$16,136.34

BFG Risk Assessment

I certify that all payments requested are for
appropriate purposes and in accordance with
the agreements set forth in the contract

(Name of Official)

Accounting Officer
(Title)

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.

SCORPIOS Proof of Payment

VENDOR CODE: EPC11038

TRANS CODE: CD

VOUCHER NO: 9

NAME: BATTELLE MEMORIAL INSTITUTE

NO CHECK DISB FLAG: C

PROMPT PAY TYPE:

APPROVED BY: BARNETT, FELICIA

DESCRIPTION:

VOUCHER TYPE: C

CHECK TYPE:

D. O. : KC00

AGREEMENT #:

SCHD FISC YR: 2015

SCHD CAT:

SCHD TYPE: C

SCHD NO: AVC150190

VOUCHER DATE: 06/15/2015

VOUCHER AMT: 19,122.64

SCHD DATE: 06/29/2015

HOLDBACK AMT: 0.00

CLOSED DATE: 06/29/2015

CLOSED AMT: 19,122.64

SUBMITTING SFO: 22

OUTSTANDING AMT:

AGENCY HEAD APRVL:

IN TRANSIT AMT: 0.00

COMMENTS TO PRINT: EPC11038/00026

DIRECT DISB NUMBER:

FY: 2015

SCHEDULE CAT:

SCHEDULE TYPE: C

SCHEDULE NUMBER: AVC150190

INDICATORS -

TREAS ACT:

POST TREAS ACT:

POST DETAILS:

EXP:

BACKOUT:

-----PAYMENT VOUCHER-----

VENDOR CODE	TC	NUMBER	ADV NUM	LN	SITE ID
EPC11038	CD	B5098254724		3	0461

PAYMENT AMOUNT	CHECK NUMBER
16,136.00	03306628

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO.
00000010

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP, NC 27711

DATE VOUCHER PREPARED
07/15/2015

SCHEDULE NO.

EP-C-11-038/Task Order 0026

PAID BY

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS
BATTELLE MEMORIAL INSTITUTE
DEPT. L 398
COLUMBUS, OHIO 43260

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE ACCOUNT NUMBER

SHIPPED FROM

TO

GOVERNMENT BILL NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				COST	PER	
05/29/2015 TO 06/25/2015		COST REIMBURSABLE PROVISIONAL PAYMENT Please See Attached Continuation Sheets "Summary Voucher" Exemption 4 Confidential Business Information (CBI) Fee Total 13,861.66 REMIT TO: ACH-EPA I certify that all payments requested are for appropriate purchases and services and that the services requested are necessary for the proper conduct of the Government's business. Accounting Officer CONFIDENTIAL BUSINESS INFORMATION				\$18,861.66

(USE CONTINUATION SHEET(S) IF NECESSARY)

(Payee must NOT use the space below)

TOTAL \$18,861.66

PAYMENT	APPROVED FOR	EXCHANGE FEE	DIFFERENCES
PROVISIONAL			
COMPLETE	\$		
PARTIAL	BY 2		
FINAL			
PROGRESS	TITLE		
ADVANCE			
		Amount verified, collected for	
		(Signature or initials)	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

(Date)

(Authorized certifying officer)2

Accounting Officer

(Title)

ACCOUNT CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE'S	

1 When stated in foreign currency, insert name of currency

2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary. Otherwise the approving officer will sign in the space provided over his official title

3 When a voucher is recorded in the name of a company or corporation, the name of the person writing the company or corporation name, as well as the capacity in which he signs, must appear. For example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be

PER

TITLE

RECEIVED BY RTP-FC: Jul 16 2015

Remit To:

Battelle Memorial Institute
Dept L 998
COLUMBUS OH
43260

Battelle

The Business of Innovation

Invoice: 10087635
Invoice Date: 7/14/2015

Voucher: 00000010

Bill To:

EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP NC 27711
United States

Client Ref: EP-C-11-038/TO 0026 PR-ORD-14-01577

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON THE REMITTANCE ADVICE. THANK YOU.
BILLING PERIOD FROM 5/29/2015 TO 6/25/2015

Cost Appropriation

\$96,796.00

Fee Appropriation

\$5,749.00

COST ELEMENTS

CURRENT

CUMULATIVE

Direct Labor - BCO
Direct Labor - BTSO
Fringe Benefits
Fringe Benefits
Division Overh
Division Overh
Special Facilit
Special Facilit
General & Adm
General & Adm
Cost of Facilit
Cost of Facilit
Cost of Facilit

Total BEFORE Fee

Fee - Fixed

Total Fee

Net Total Cost

11,391.75

95,560.61

Net Amount Due:

\$11,391.75

Exemption 4 Confidential Business Information (CBI)

Exemption 4 Confidential Business Information (CBI)

BFG Risk Assessment

I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract.

Accounting Officer
(Title)

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.

SCORPIOS Proof of Payment

VENDOR CODE: EPC11038

TRANS CODE: CD

VOUCHER NO: 10

NAME: BATTELLE MEMORIAL INSTITUTE

NO CHECK DISB FLAG: C

PROMPT PAY TYPE:

APPROVED BY: HAGEL, WILLIAM A

DESCRIPTION:

VOUCHER TYPE: C

CHECK TYPE:

D. O. : KC00

AGREEMENT #:

SCHD FISC YR: 2015

SCHD CAT:

SCHD TYPE: C

SCHD NO: AVC150213

VOUCHER DATE: 07/15/2015

VOUCHER AMT: 18,861.66

SCHD DATE: 07/31/2015

HOLDBACK AMT: 0.00

CLOSED DATE: 07/31/2015

CLOSED AMT: 18,861.66

SUBMITTING SFO: 22

OUTSTANDING AMT:

AGENCY HEAD APRVL:

IN TRANSIT AMT: 0.00

COMMENTS TO PRINT: EPC11038/00026

DIRECT DISB NUMBER:

FY: 2015

SCHEDULE CAT:

SCHEDULE TYPE: C

SCHEDULE NUMBER: AVC150213

INDICATORS -

TREAS ACT:

POST TREAS ACT:

POST DETAILS:

EXP:

BACKOUT:

-----PAYMENT VOUCHER-----

VENDOR CODE	TC	NUMBER	ADV NUM	LN	SITE ID
EPC11038	CD	B5098334204		2	0461

PAYMENT AMOUNT	CHECK NUMBER
11,392.00	03310249

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO
00000011

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP, NC 27711

DATE VOUCHER PREPARED
08/17/2015

SCHEDULE NO

EP-C-11-038/Task Order 0026
REQUISITION NUMBER AND DATE

PAID BY

PAYEE'S NAME AND ADDRESS
BATTELLE MEMORIAL INSTITUTE
DEPT L 998
COLUMBUS, OHIO 43260

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE ACCOUNT NUMBER

SHIPPED FROM

TO

GOVERNMENT BIL NUMBER

NUMBER AND DATE OF ORDER	DATE OF RECEIPT OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				CCST	PER	
06/26/2015 TO 07/30/2015		CCST REIMBURSABLE PROVISIONAL PAYMENT Please See Attached Continuation Sheets "Summary Voucher" Exemption 4 Confidential Business Information (CBI) Fee Total 23,686.07 REMIT TO: ACH-EPA I certify that all payments requested are for appropriate goods and services under the agreement between the Government and the payee. [Signature] Accounting Officer CONFIDENTIAL BUSINESS INFORMATION				\$23,686.07

(USE CONTINUATION SHEET(S) IF NECESSARY)

(Payee must NOT use the space below)

PAYMENT	APPROVED FOR	EXCHANGE FEE	DIFFERENCES	TOTAL
PROVISIONAL				\$23,686.07
COMPLETE				
PARTIAL	BY:2			
FINAL				
PROGRESS	TITLE			
ADVANCE			Amount verified collected for: (Signature or initials)	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date) (Authorized certifying officer)2 Accounting Officer (Title)

ACCOUNT CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	

1 When stated in foreign currency, insert name of currency.

2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided over his official title.

3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporation name, as well as the capacity in which he signs, must appear. For example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be.

PER

TITLE

Battelle

By Business & Innovation

Remit To:

Battelle Memorial Institute
Dept L 938
COLUMBUS OH
43260

Invoice: 10088985
Invoice Date: 8/17/2015

Voucher: 00000011

Bill To:

EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP NC 27711
United States

Client Ref: EP-C-11-038/TO 0026 PR-ORD-14-01577

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON THE REMITTANCE ADVICE. THANK YOU
BILLING PERIOD FROM 6/26/2015 TO 7/30/2015

Cost Appropriation

\$96,796.00

Fee Appropriation

\$5,749.00

COST ELEMENTS

Direct Material B20

Direct Labor B20

Fringe Benefits

Fringe Benefits

Overhead Overhead

Overhead Overhead

Special Facilities

Special Facilities

General & Admin

General & Admin

Production Materials

Cost of Facilities

Cost of Facilities

Cost of Facilities

Total BEFORE Fee

Fee - Fixed

Total Fee

Excess of Cost Appropriation

Excess of Fee Appropriation - Fixed

Net Total Cost

CONFIDENTIAL
BUSINESS INFORMATION

CURRENT
Exemption 4 Confidential Business Information (CBI)

CUMULATIVE

Exemption 4 Confidential Business Information (CBI)

6,984.39

102,545.00

Net Amount Due:

\$6,984.39

BFS Risk Acknowledgment

Verify that all payments requested are for appropriate purposes and in accordance with the agreement(s) set forth in the contract.

Accounting Officer
(Signature) (Title)

It is hereby acknowledged that the information contained herein is confidential and is not to be disclosed to the public without the prior written consent of Battelle.

SCORPIOS Proof of Payment

VENDOR CODE: EPC11038

TRANS CODE: CD

VOUCHER NO: 11

NAME: BATTELLE MEMORIAL INSTITUTE

NO CHECK DISB FLAG: C

PROMPT PAY TYPE:

APPROVED BY: HAGEL, WILLIAM A

DESCRIPTION:

VOUCHER TYPE: C

CHECK TYPE:

D. O. : KC00

AGREEMENT #:

SCHD FISC YR: 2015

SCHD CAT:

SCHD TYPE: C

SCHD NO: AVC150238

VOUCHER DATE: 08/17/2015

VOUCHER AMT: 23,686.07

SCHD DATE: 09/04/2015

HOLDBACK AMT: 0.00

CLOSED DATE: 09/04/2015

CLOSED AMT: 23,686.07

SUBMITTING SFO: 22

OUTSTANDING AMT:

AGENCY HEAD APRVL:

IN TRANSIT AMT: 0.00

COMMENTS TO PRINT: EPC11038/00026

DIRECT DISB NUMBER:

FY: 2015

SCHEDULE CAT:

SCHEDULE TYPE: C

SCHEDULE NUMBER: AVC150238

INDICATORS -

TREAS ACT:

POST TREAS ACT:

POST DETAILS:

EXP:

BACKOUT:

-----PAYMENT VOUCHER-----

VENDOR CODE	TC	NUMBER	ADV NUM	LN	SITE ID
EPC11038	CD	B5098416764		3	0461

PAYMENT AMOUNT	CHECK NUMBER
6,984.00	00690153